

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES*For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4.*

DATE

AUTHORIZED REPRESENTATIVE(S)

ORGANIZATION RECEIVING SUPPLIES	LOCATION		
LAST NAME-FIRST NAME-MIDDLE INITIAL	AUTHORITY		SIGNATURE AND INITIALS
	REQ	REC	

AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER

THE UNDERSIGNED HEREBY DELEGATES TO WITHDRAWS FROM THE PERSON(S) LISTED ABOVE,
THE AUTHORITY TO:

REMARKS

I ASSUME FULL RESPONSIBILITY

UNIT IDENTIFICATION CODE			DODAAC/ACCOUNT NUMBER	
LAST NAME-FIRST NAME-MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE

DA FORM 1687, MAY 2009

PREVIOUS EDITIONS ARE OBSOLETE

APD LC v1.00ES